

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/14/2011
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NAME OF PROVIDER OR SUPPLIER

BRAKEBILL NURSING HOME INC.

STREET ADDRESS, CITY, STATE, ZIP CODE

5837 LYONS VIEW PIKE  
KNOXVILLE, TN 37919

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire wall ratings are maintained. The findings include: Observation and interview with the Maintenance Director, on November 14, 2011 at 10:20 a.m. confirmed penetrations in the 4-hour wall above the corridor fire doors of the 400 hall was sealed with a non-approved foam that was for " residential use only. "	K 012	What corrective action will be accomplished that facility failed to have proper sealant in the four-hour wall above fire doors on 400 hall. Foam has been removed and four-hour rated material has been installed. Work completed 11-17-2011.  How the facility will identify other areas that can be affected by the deficient practice. Maintenance supervisor will see any workers prior to any installation of the four-hour walls.  What measures will be put into place to ensure the deficient practice does not recur. Maintenance will check all work orders that proper sealant is being used when working on the four-hour walls.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to assure the sprinkler system was maintained and free of corrosion. The findings include: Observation and record review with the Maintenance Director, on November 14, 2011 at 10:20 a.m. confirmed the sprinkler head in the corridor above room 418 was not full of the red liquid in the glass bulb.	K 062	How the corrective actions will be monitored to ensure the deficient practice does not recur. Maintenance supervisor will monitor all work orders that proper sealant is being used when working on four-hour walls.	11-17-11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Michael Brumby - Wilkerson*

TITLE

*Assistant Administrator*

(X6) DATE

*11/30/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEC 01 2011

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NAME OF PROVIDER OR SUPPLIER  <b>BRAKEBILL NURSING HOME INC.</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5837 LYONS VIEW PIKE KNOXVILLE, TN 37919</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 062	Continued From page 1 Observation and interview with the Maintenance Director, on November 14, 2011 at 11:10 a.m. confirmed one sprinkler head by the walk-in freezer was corroded.	K 062	<p>What corrective action will be accomplished that facility failed to replace corroded sprinkler head above room 418 and one by the walk-in freezer. Simplex Grinnell was contacted and work order was placed to replace sprinkler head above 418 and all sprinkler heads will be replaced in dietary.</p> <p>How the facility will identify the other areas that have sprinkler heads that have the potential to be affected by the deficient practice. Maintenance will monitored quarterly for corrosion and have replaced as needed.</p> <p>What measures will be put into place to ensure the deficient practice does not recur. All sprinkler heads will be monitored quarterly and documentation will be kept in maintenance department. Simplex Grinnell will have all work completed by 12-30-2011.</p> <p>How the corrective action will be monitored to ensure the deficient practice does not recur. The maintenance department will check all sprinkler heads for corrosion quarterly and document findings; will be kept on file in maintenance department.</p>	12-30-11	

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